

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>MEH</i>	<i>19</i>	<i>6-28-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>JZ</i>	<i>8-30</i>	<i>01-04-02</i>
		<i>852</i>	<i>2-22-02</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	11	1	
2	2	2	
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14	14	14	
15	15	15	✓
16	16	16	✓
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18	18	18	
19	19	19	✓
20	20	20	✓
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22	22	22	
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24	24	24	
25	25	25	✓
26	26	26	✓
27	27	27	✓
28	28	28	
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30	30	30	✓
31	31	31	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here